NAME:

# FORM TP-1 WHOLESALE DEALER'S MONTHLY REPORT OF OTHER TOBACCO PRODUCTS

FOR C	FFICE	USF ONLY	REVENUE CODE:	0036-01

ADDRESS:		REPORT FOR THE MONTH OF:		
CITY:		TELEPHONE NUMBER:		
STATE:	ZIP CODE:	FAX NUMBER:		
NO NON-PARTICIPATING	MANUFACTURER PRODUCTS SOLD INTO DELAWARE: [ ] NO	[ ] IF YES, COMPLETE SCHEDULE NPM	1	
LINE NUMBER	TOBACCO PRODUCTS AC	COUNT	TOTAL	]
1	RESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACCO PRODUCTS PURI	CHASED		]
(Complete Schedule OTP-A)	AND BROUGHT INTO DELAWARE OR MANUFACTURED IN DELAWARE			
2	WHOLESALE PRICE PAID FOR TOBACCO PRODUCTS SOLD TO OUT OF STAT	E		
(Complete Schedule OTP-B)	WHOLESALERS AND RETAILERS		(	
	NONRESIDENT DISTRIBUTOR WHOLESALE PRICE OF TOBACCO PRODUCTS DELAWARE WHOLESALE AND RETAIL DEALERS	SOLD TO		THIS REPORT AND SCHEDULES OTP-A, OTP-B.
4				OTP-C, OTP-D, OTP-E AND NPM-RYO ARE TO BE
(Complete Schedule OTP-C)	WHOLESALE PRICE OF TOBACCO PRODUCTS RETURNED TO MANUFACTURI	ER	( )	FILED WITH THE DELAWARE DIVISION OF
5				REVENUE, P.O. BOX 2340, WILMINGTON, DE 1989
(Complete Schedule OTP-D)	WHOLESALE PRICE OF TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZAT	TIONS	( )	ON OR BEFORE THE 20TH DAY OF EACH MONTH
6	TOTAL			FOR THE PRECEDING MONTH
7	LINE 6 x (0.15)			
8	TOTAL OUNCES OF TAXABLE MOIST SNUFF x (0.54)			
		CIGARETTE	OTHER	
SCHEDULE		EQUIVALENT	OUNCES	
NPM	PRODUCTS PURCHASED FROM NON-PARTICIPATING MANUFACTURER			

EMPLOYER IDENTIFICATION NUMBER:

AFFADAVIT:

I hereby swear under penalty of perjury that the foregoing return has been examined by me and that all information contained herein, including any accompanying schedules is true and correct; and that this constitutes a complete return for the month stated, pursuant to law. I also swear that the licensee is in compliance with UNFAIR CIGARETTE SALE ACT, Chapter 26 of Title 6 of the Delaware Code.

SIGNATURE OF LICENSEE OR OFFICER TITLE DATE PHONE NUMBER



## SCHEDULE OTP-A RESIDENT DISTRIBUTOR TOBACCO PRODUCTS PURCHASE SCHEDULE

MONTH OF	20
	 , 20

NAME:			EMPLOYER IDENTIFICATION NUMB	ER:	
DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS OF ENTITY FROM WHOM TOBACCO PRODUCTS WERE PURCHASED	WHOLESALE PRICE*	OUNCES OF MOIST SNUFF
ЗПІРРЕД	NUMBER	DATE	TOBACCO PRODUCTS WERE FUNCHASED	FRICE	WOIST SNOFF



## SCHEDULE OTP-B RESIDENT DISTRIBUTOR TOBACCO PRODUCTS SOLD OUTSIDE OF DELAWARE

MONTH OF	20

NAME:			EMPLOYER IDENTIFICATION NUMBER:		
DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS TO WHOM TOBACCO PRODUCTS WERE SOLD	WHOLESALE PRICE	OUNCES OF MOIST SNUFF



### SCHEDULE OTP-C RESIDENT OR NONRESIDENT DISTRIBUTOR TOBACCO PRODUCTS RETURNED TO MANUFACTURER

MONTH OF	20
MONTH OF	. 20

NAME:			EMPLOYER IDENTIFICATION NUMBER:		
				_	
DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS TO WHOM TOBACCO PRODUCTS WERE RETURNED	WHOLESALE PRICE	OUNCES OF MOIST SNUFF
				<u> </u>	



### SCHEDULE OTP-D RESIDENT OR NONRESIDENT DISTRIBUTOR TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS

MONTH OF	. 20

NAME:		EMPLOYER IDENTIFICATION NUMBER:		
	NVOICE DATE	NAME & ADDRESS OF EXEMPT ORGANIZATION	WHOLESALE PRICE	OUNCES OF MOIST SNUFF

DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS OF EXEMPT ORGANIZATION	WHOLESALE PRICE	OUNCES OF MOIST SNUFF



## SCHEDULE OTP-E NONRESIDENT DISTRIBUTOR TOBACCO PRODUCTS SOLD TO DELAWARE CUSTOMERS

MONTH OF	, 20
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NAME: \_\_\_\_\_ EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

DATE SHIPPED	INVOICE NUMBER	INVOICE DATE	NAME & ADDRESS OF DELAWARE CUSTOMER	WHOLESALE PRICE	OUNCES OF MOIST SNUFF
				1	<u> </u>



## SCHEDULE NPM M CIGARETTE SALES OF NON-PARTICIPATING MANUFACTURER BRANDS

MONTH OF	20
NONTE OF	- ZU

Date

BUSINESS NAME & ADDRESS:				EMPLOYER	EMPLOYER IDENTIFICATION NUMBER:		
CONTACT PERSON:				TELEPHONE			
NUN BRAND NAME	NUMBER OF CIGARETTE PACKS SOLD		OUNCES OF RYO	NON-PARTICIPATING MANUFACTURER NAME & ADDRESS	NAME & ADDRESS OF THE PERSON(S) FROM WHOM EACH	NAME & ADDRESS OF THE FIRST IMPORTER OF FOREIGN	
	20'S	25'S			BRAND WAS PURCHASED	MANUFACTURED BRANDS	
I certify that the above stated in	formation	n is true ar	and correct				

Signature